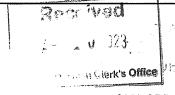
#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015



Received

Page 1 of 17

APR 1 0 2023

Derby, CT Town Clerk's Office

2023 APR 10 AM 10: 57

Do Not Mark in This Space For Official Use Only

#### **COVER PAGE**

		COVE	1 1			
1. NAME OF COMMITTEE				• • • • • • • • • • • • • • • • • • • •	<b>™.</b>	
DiMartino 23 For A Better Derby	/		·			
2. TREASURER NAME						
First		MI	Last			Suffix
Ryan`		D	Toffey			
3. TREASURER ADDRESS						
Street Address 8 1/2 B Talmadge St.		City	rhy		State CT	Zip Code 06418
o 1/2 B Taimaage St.			Юу			100418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete only	if Candidat	e Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor					(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)				
First		MI	Last			Suffix
Joseph		L	DiMar	tino		
8. TYPE OF REPORT (Check One Box)						
O January 10 filing	7th day preced	ling primary	O7th	day preceding referendum	Initial Con	tribution or Disbursement
• April 10 filing	30 days follow	ving primary	<b>O</b> 45	days following referendum	O Amendme	
OJuly 10 filing	7th day preced	ling election	O De	ficit	Type of Re	
October 10 filing	12th day prece		<b>O</b> Ter	mination		s to class the control of the contro
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ving election				
9. PERIOD COVERED						
	Beginning Da	te		Ending Date		
	January 1, 2023	3	thru	March 31, 2023		
					<del></del>	
10. CERTIFICATION						
IV. CERTIFICATION						
I hereby certify and state, under p  Disclosure Statement for the pe					his <b>Itemized Ca</b>	mpaign Finance
Syntoffer,	1	Rya	ın Toffey			04/10/2023
TREASURER OR DEPUTY TREASUR	ÉR (SIGNATURE)	PRIN	NT NAME	OF SIGNER		DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

2023 APR 10 AN11:57

### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	1,900.00	1,900.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1,900.00	1,900.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1,900.00	1,900.00
19. Expenses Paid by Committee (Section P)	327.55	327.55
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1,572.45	1,572.45
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	0.00
24. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

#### Page 3 of 17

NAME OF COMMITTEE (Provide Con	nplete Na	ne as I	Registered with Filing Repository)			TYPE OF REPORT	£.		
DiMartino 23 For A Better De	rby					April 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					\$				
	\$ <u></u>		B. Itemized Con		ıtions from Indivi	duals			
Last Name DiMartino				Jo	sseph			MI	
Residential Street Address 8 1/2 A Talmadge St				City Derby	У		State CT	Zip Code 06418	
Principal Occupation ISS					Name of Employer Derby BOE		1		
	Yes No	doe	ontribution is in excess of \$400 to s contributor or business he/she aed at more than \$5,000?					nount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or b	ntractor or prospective stater	e contractor? Yes OLegislative			
Method of Contribution:  Cash Personal Check Credi	t/Debit (	Card (	Payroll Deduction OMoney	Order	Date Received 2/6/2023	Aggregate Contributions 200.00			
Last Name FUSCO				Firs Li	nda	·		MI	
Residential Street Address 10 Platt Street				City Derby	y		State CT	Zip Code 06418	
Principal Occupation Retired					Name of Employer Retired		<u> </u>		
	Yes No	does	ontribution is in excess of \$400 to s contributor or business he/she led at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contract	nch or b	oranches	te contractor?  O Legislative			
Method of Contribution:  Cash Personal Check Credi	t/Debit C	Card (	Payroll Deduction Money	Order	Date Received 2/6/2023	Aggregate Contributions 100.00			
Last Name Toffey				Firs	yan		. •	MI	
Residential Street Address 8 1/2 B Talmadge St				City Derb	у		State CT	Zip Code 06418	
Principal Occupation Marketing / Business Develo	pment				Name of Employer Advantage Mainte	enance Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	doe	ontribution is in excess of \$400 to s contributor or business he/she and at more than \$5,000?					nount of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	nch or b	ranches	_ ONo			
Method of Contribution:  Cash Personal Check Ocredi	t/Debit (	Card (			Date Received 2/6/2023	Aggregate Contributions 100.00			
			SUBT	ОТА	L Section B — This	Page 400.00	•		
######################################			TOTAI	of ad	Iditional Section B	Pages			
TOTA	L OF	ALL	CONTRIBUTIONS FROM (Enter total on Line I		VIDUALS (Sections . umn A of Summary Page		20	ZJAPKIV AMli	

# Section B ADDITIONAL PAGE 1 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Nat		TYPE OF REPORT					
DiMartino 23 For A Better Derby				April 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$			
		:					
	B. Itemized Con		tions from Indivi	duals			
Last Name DiMartino		La	acey			MI	
Residential Street Address 8 1/2 A Talmadge St		City Derby	/		State CT	Zip Code 06418	
Principal Occupation Surgical Technologist			Name of Employer Waterbury Hospita	al			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, <b>Am</b>	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brai	nch or b	tractor or prospective state	e contractor? Yes  OLegislative	:		
Method of Contribution:  Cash Personal Check Ocredit/Debit C			Date Received 2/6/2023	Aggregate Contributions 100.00			
Last Name		Firs	t			MI	
Fusco		- 1	nda			IVII	
Residential Street Address 10 Platt St		<sup>City</sup> Derby	/		State CT	Zip Code 06418	
Principal Occupation Retired			Name of Employer Retired	A STATE OF THE STA	<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand	didate for a chief executive inted with have a contract  Yes  No	e officer of a municipalit with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a   If yes, indicate which braze of government the contract	nch or b	ranches	e contractor? Yes	;		
Method of Contribution:  Cash Personal Check Credit/Debit C	ard Payroll Deduction Money		Date Received 2/28/2023	Aggregate Contributions 150.00			
Last Name McFarland		Firs	ichael			MI J	
Residential Street Address 59 Franklin Ave		City Derby			State CT	Zip Code 06418	
Principal Occupation Retired			Name of Employer Retired			00110	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes						
Method of Contribution:  Cash Personal Check Ocredit/Debit C			Date Received 3/8/2023	Aggregate Contributions 100.00			
Committee Continuent				250.00			
			L Section B — This	rage			
	가장에 가르면 1년 6년 년의 - 전 : - 작곡됐습니다.		ditional Section B I	ages			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line)		VIDUALS (Sections A mn A of Summary Page		2023	BAPR 10 AM112	

# Section B ADDITIONAL PAGE <sup>2</sup> of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
DiMartino 23 For A Better Derby	April 10				
A. Total Contributions from Small Contributors-Receivable (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$		
	errordi di pindinsi)	utions from Indivi	duals		
Last Name Confinante	F .	<sup>irst</sup> oseph			MI
Residential Street Address 147 Myrtle Ave	City Anso	onia		State CT	Zip Code 06418
Principal Occupation Retired	<b>.</b>	Name of Employer Retired		•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sl valued at more than \$5,000?				y, <b>Amo</b>	ount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal of If yes, indicate which by of government the contributor.	ranch or	ontractor or prospective state branches	e contractor? Yes		
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Omon		Date Received	Aggregate Contributions 100.00		
Last Name		rst			MI
Flaherty	J	o-Lynn			
Residential Street Address 28 Pinecrest Ave	City	onia		State CT	Zip Code 06401
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, <b>Am</b> o	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of If yes, indicate which be of government the contributor.	oranch or				
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction One		Date Received	Aggregate Contributions 50.00		
Last Name Storplace	1	irst Charles			MI
Stankye Residential Street Address		Charles		I a	M
126 David Humphreys Rd	City Derb	ру		State	Zip Code 06418
Principal Occupation Director Safety/ Security	<u> </u>	Name of Employer Ansonia School D	istrict	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sl valued at more than \$5,000?				y, <b>Am</b>	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which be of government the contributor a principal of figures.	ranch or	branches	e contractor?  O Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMon	ney Order	Date Received 3/15/2023	Aggregate Contributions 50.00		
SUI	BTOTA	L Section B — This	Page 200.00	•	
TOTA	AL of a	dditional Section B F	ages 650.00		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin		DIVIDUALS (Sections A lumn A of Summary Page		2023	BAPR10 am11:5

# Section B ADDITIONAL PAGE <sup>3</sup> of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name		TYPE OF REPORT						
DiMartino 23 For A Better Derby				April 10				
A. Total Contributions from Sn (See instructions for definition of Small C			is Period ONLY OTAL SECTION A	\$				
I V	B. Itemized Cor	great and array with the	utions from Indivi	duals			130	
Last Name Gentile		1	<sup>rst</sup> inda				MI M	
Residential Street Address 158 Hodge		City				State	Zip Code	
Principal Occupation Retired		***************************************	Name of Employer Retired					
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					50.0	ount of Contri	bution
	Is contributor a principal of a s  If yes, indicate which bran of government the contract	nch or	branches		Yes No			
Method of Contribution:  Cash Personal Check Credit/Debit Can	rd OPayroll Deduction OMoney	Order	Date Received 3/14/2023	Aggregate Contributi 50.00	ons			
Last Name Bussell		Fi	rst aurie				MI	
Residential Street Address 152 Shagbark Dr	1 7			State CT	Zip Code 06418			
Principal Occupation Retired			Name of Employer Retired					
or dependent child of a lobbyist?   O  No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?					50.0	ount of Contri	bution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or	branches		Yes No			
Method of Contribution:  Cash Personal Check Credit/Debit Can	L		Date Received 3/20/2023	Aggregate Contribution 50.00	ons			
Last Name Bussell			rst .awrence				MI	
Residential Street Address 152 Shagbark Dr		City Derb	ру			State CT	Zip Code 06418	
Principal Occupation Retired	and an amountain the area.		Name of Employer Retired				_1	
or dependent child of a lobbyist?   O  No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					, Amo	ount of Contri	bution
	s contribution associated with an reported in Section L1?  Yes No Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches							
Method of Contribution:  Cash Personal Check Credit/Debit Car	rd OPayroll Deduction OMoney	Order	Date Received 3/20/2023	Aggregate Contributi 50.00	ons			
	SUBT	ГОТА	L Section B — This	Page 150.00				
	TOTAL	of a	dditional Section B I	ages 850.00			***************************************	*****
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A lumn A of Summary Page		0	202	3APR10 (	4M11E

## Section B ADDITIONAL PAGE <sup>4</sup> of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
DiMartino 23 For A Better Derby	April 10	April 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ONLY S				
B. Itemized Co	ntributions from	n Individuals			
Last Name Foley	First Maureen		A		
Residential Street Address 26 Caedwell Drive	City Derby		State Zip Code CT 06418		
Principal Occupation Retired	Name of Empl Retired	oyer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?					
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	pective state contractor?  Executive OLegislative	Yes No		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received 3/20/202	Aggregate Contribution 25.00	15		
Last Name Mongillo	First Melissa		MI		
Residential Street Address 8 Lombardi Dr	City Derby		State		
Principal Occupation VP	Name of Empl Mackey S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		e a contract with said municipalit			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal of a If yes, indicate which brace of government the contract of government the contract of the section of t	nch or branches		Yes No		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received 3/18/202	Aggregate Contribution 50.00	IS		
Last Name Casini	First Linda		MI		
Residential Street Address 136 Park Ave	City Derby	Manne (1)	State Zip Code CT 06418		
Principal Occupation Retired	Name of Empl Retired	oyer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		e a contract with said municipalit			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:	Date Received 3/2/2022	Aggregate Contribution 100.00	15		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order				
SUB	TOTAL Section I	3 — This Page 175.00			
ТОТА	L of additional Se	ection B Pages 1,000.00			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS ( 13, Column A of Sum		2023 APR 10 am11:5		

# Section B ADDITIONAL PAGE <sup>5</sup> of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	TYPE OF REPORT	TYPE OF REPORT			
DiMartino 23 For A Better Derby	April 10	April 10			
A. Total Contributions from Small Contributors-Research (See instructions for definition of Small Contributor)	Y s	\$			
	d Contributions from Ind	lividuals			
Last Name Paradiso	First Racheal		MI		
Residential Street Address 22 New Haven Ave	City Derby	1,000 and 1,000	State Zip Code CT 06418		
Principal Occupation Homemaker	Name of Employer Homemaker	AMERICAN AMPRICA, AND AMERICAN AMPRICA	<u></u>		
	f \$400 to a candidate for a chief exec he/she is associated with have a cont	ract with said municipality	Amount of Contribut	tion	
Is this contribution associated with an Yes Is contributor a principal	al of a state contractor or prospective ch branch or branches	state contractor? Yes No			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Date Received	Aggregate Contributions 25.00	1		
Last Name DiMartino	First Peter		MI		
Residential Street Address 354 Tall Oak Trail	City Tarpon Springs		State Zip Code FL 34688		
Principal Occupation Physician	Name of Employer DiMartino Heal	thcare			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contribution is in excess of does contributor or business lovalued at more than \$5,000?	\$400 to a candidate for a chief execute he/she is associated with have a cont	ract with said municipality	y, Amount of Contribut	tion	
	al of a state contractor or prospective ch branch or branches contract is with:	_ ONo			
Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction O	Date Received 3/2/2023	Aggregate Contributions 500.00			
Last Name Lajeunesse	First Marcel		MI		
Residential Street Address 52 Sentinel Hill Rd	City Derby		State   Zip Code   Ct   06418		
Principal Occupation Retired	Name of Employer Retired		<u> </u>		
	\$\frac{1}{5}\$400 to a candidate for a chief exect the/she is associated with have a cont \text{Yes}	ract with said municipality	y, Amount of Contribut	tion	
event reported in Section L1?	ith an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction C	Money Order Date Received 3/1/2023	Aggregate Contributions 100.00			
	SUBTOTAL Section B — T	his Page 625.00			
TC	OTAL of additional Section	B Pages 1,175.00			
TOTAL OF ALL CONTRIBUTIONS I (Enter total on	FROM INDIVIDUALS (Section Line 13, Column A of Summary Po		2023 <b>APR 10</b> AM 11	151	

### Section B ADDITIONAL PAGE 6 of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo		TYPE OF REPORT			
DiMartino 23 For A Better Derby	April 10				
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	\$				
B. Itemize	ed Contri	butions from Indivi	duals		
Last Name Thompson		First Fran			MI
Residential Street Address 345 East Moutain Road	City Wa	terbury		State CT	Zip Code 06706
Principal Occupation Educator	<b>,</b>	Name of Employer Wallingford Public	Schools	<u></u>	
	s he/she is ass	andidate for a chief executive sociated with have a contract  Yes  No		·	ount of Contribution
	pal of a state of	contractor or prospective state r branches	No No		
Method of Contribution:		Date Received	Aggregate Contributions	-	
Cash Personal Check Credit/Debit Card Payroll Deduction	)Money Orde	3/1/2023	100.00		
Last Name	F	First			MI
Residential Street Address	City			State	Zip Code
Principal Occupation		Name of Employer		<u> </u>	
or dependent child of a lobbyist?  No does contributor or business valued at more than \$5,000?	he/she is ass	andidate for a chief executive ociated with have a contract  Yes  No		y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a princip   If yes, indicate who of government the	ich branch o		e contractor? Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Orde	r			
Last Name	I	First			MI
Residential Street Address	City			State	Zip Code
Principal Occupation	<u> </u>	Name of Employer		<u> </u>	
	s he/she is ass	andidate for a chief executive ociated with have a contract  Yes  No		y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate who of government the	ich branch o		e contractor?  O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction C	Money Orde	r			
	SUBTOT	AL Section B — This	Page 100.00		
T	OTAL of 2	additional Section B P	ages 1,800.00		
TOTAL OF ALL CONTRIBUTIONS (Enter total of		DIVIDUALS (Sections A		2023	APR 10 AN11:5

### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MMITTEE (Provide Comp	lete Name as Registered	with Filing Repos	itory)		TYPE OF REPORT		
		C1. (	Contributio	ons from O	ther Com	nittees		
Name of Committee	) }			200000000 20 am (a 1140 mile 1960)	Name of Trea			
Address		/*************************************		Is this contrevent repor	ted in Section L	ted with an OYes ONo 1? list Event #	Amount o	f Contribution
City		State	Zip Code	Date Reco		Aggregate Contributions		
Name of Committee					Name of Trea	surer		
Address				Is this contrevent report	ed in Section L	ted with an Yes No 1? list Event #	Amount o	f Contribution
City		State	Zip Code	Date Reco	eived	Aggregate Contributions		
Name of Committee					Name of Treas	surer		
Address				Is this contr	ed in Section L		Amount o	f Contribution
City		State	Zip Code	Date Reco		Aggregate Contributions		
	C2.	Reimbursemen	its or Surp	lus Distrib	utions fron	n other Committees		
Name of Committee					Name of Trea			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  OReimbursen	nent for shared o	expense OS	urplus Distribu	tion	Amoun	of Receipt
Description					M. M			
Name of Committee					Name of Treas	surer		
Address		1 1 100-1100-1-000		City	1		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  Reimburs	ement for share	d expense	<b>)</b> Surplus Distri	bution	Amoun	of Receipt
Description	L	1		***************************************				
			SUBTO	OTAL Section	on C — This	s Page		
				of additions		ANYSSEZIUS SIZE		
		F ALL COMMIT ns C1 + C2) <i>(Enter</i>						
							2023 <b>ODE</b>	10 AM11:5

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Re	egistered with Filing Repository)		TYPE OF	REPORT	
	D. Loans Rec	eived this Period			
Name of Lender		Source of Loan: OBank OCa	andidate ( ) Individua	al Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	l l		<u> </u>	<u> </u>	Amount Received
Street Address	City		State	Zip Code	
Name of Lender	1	Source of Loan: Bank Ca	andidate () Individua		Date of Receipt
Street Address	City		State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)			<u> </u>	<u> </u>	Yes No Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:		1001	Date of Receipt
		OBank OCa	ındidate 🔘 Individua	Committee	
treet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan O Yes O No
Name of Cosigner/Guarantor (if applicable)			l	· · · · · · · · · · · · · · · · · · ·	Amount Received
Street Address	City		State	Zip Code	
E. Receipts from Entities	other than Individua	TOTAL SECT		ndum Committe	ses ONLY)
Variet Address			Date Received		Amount Received
ucet Addiess			Date Received		Amount Received
ity	State	Zip Code	Aggregate Contri	butions	
lame of Entity					
treet Address			Date Received		Amount Received
ity	State	Zip Code	Aggregate Contributions		
ame of Entity	<u> </u>				
treet Address		, secundo	Date Received		Amount Received
					1
ity	State	Zip Code	Aggregate Contri	butions	

Page 6 of 17

NAME OF COMMITTE	EE (Provide Complete Name as Register	ed with Filing Repository)		TYPE OF REPORT
F	F. Amount Transferred f	rom Affiliated Busines	ss Treasury (Busine	ess Entity Committees ONLY)
Date of Receipt	Is this transaction associate vent reported in Section		e, list Event #	Amount
Date of Receipt	Is this transaction associate vent reported in Section		s, list Event#	Amount
Date of Receipt	Is this transaction associate event reported in Section	100 1/ 30.	s, list Event#	Amount
Date of Receipt	Is this transaction associate event reported in Section		;, list Event #	Amount
			TOTAL SECTION	F
G. Amount T	ransferred from Affiliate	ed Labor Union or Oth	er Organization	Treasury (Organization Committees ONLY)
Date of Receipt	Ι	Date of Receipt		Date of Receipt
	Amount	Amount		Amount
		T	OTAL SECTION O	
	H. Personal Funds of t	he Candidate Received	this Period <i>(Cana</i>	lidate Committees ONLY)
Date of Receipt	Method of payment:			Amount
	<b>○</b> Cash	Personal Check	Credit/Debit C	ard
Date of Receipt	Method of payment:			Amount
	<b>○</b> Cash	O Personal Check	Credit/Debit C	ard
Pate of Receipt	Method of payment:			Amount
	<b>○</b> Cash	Personal Check	Credit/Debit C	ard
ate of Receipt	Method of payment:			Amount
	<b>O</b> Cash	O Personal Check	Credit/Debit C	ard
			TOTAL SECTIO	NH
		I. Anonymous Co	ntributions	

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

2023 APR 10 AM1159

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete	te Name as Registered with Filing Repository)	in a second of	YPE C	OF REPORT	
	J. Interest from Deposits in Authori	zed Accounts	} ;	r alla ji tive e g	
Name of Institution			Date Rec	ceived	Amount
Street Address	Cir.	l su	·-	Zin Codo	
Succi Address	City	Stat	ie	Zip Code	
Name of Institution			Date Red	ceived	Amount
Street Address	City	Stat	e	Zip Code	
	TOTA	AL SECTION	J		
K. N	Miscellaneous Monetary Receipts not Cor	isidered Con	tribu	tions	
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description				<u> </u>	
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			***************************************		
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description	I				
Name			Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
	TOTAL SI	ECTION K			
SUMMA	ARY OF OTHER MONETARY RECEIP	TS (Sections	D th	rough K)	
Total Loans Received this Period (Se					
Total Receipts from Entities other th	an Individuals or Other Committees (Section E)	1900 - 70 T TO THE TO THE TO THE TOTAL PROPERTY OF THE TOTAL PROPE	+		and the second of the second o
Total Amount Transferred from Affi	iliated Business Treasury (Section F)		+		
Total Amount Transferred from Affi	iliated Labor Union or Other Organization Treasu	ry (Section G)	+		
Total Amount of Personal Funds of t	he Candidate Received this Period (Section H)		+		
Total Amount of Interest from Depos	sits in Authorized Accounts (Section J)	en en	+		
Total Miscellaneous Monetary Recei	pts not Considered Contributions (Section K)		+		
(Adı	Total of Other d Sections D through K) (Enter total on Line 15, Colum			hro I	Z3 <b>APK LV</b> AM11:5:

#### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)	TYPE	E OF REPORT				
	L1. Even	nt Information					
Event # Date of Event Letter	Description		W	as this a fur	ndraising event?		
Location: Street Address		City		State	Zip Code		
Subpart 1: (All Committee Was this event hosted at		OYes (If yes, go to Section L5 In-Ki  Associated with a House Par  purchases made by host(s) for  No	ty and complete re	equired infor			
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No					
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Receipts he	ere.)				
Were there purchases of a sign associated with this		mittees other than Exploratory Comm OYes (If yes, go to Section L3 Purch or on a Sign and complete re ONo	hases of Advertisin		Program Book		
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Receipts he	ere.)\$				
Event # Date of Event Letter	Description		w	as this a fur	ndraising event?		
Location: Street Address	L	City	ania manana di antara	State	Zip Code		
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions  Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  No					
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-K and complete required information No		Considered (	Contributions		
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Receipts he	ere.)				
Were there purchases of a sign associated with this		mittees other than Exploratory Comm O Yes (If yes, go to Section L3 Purch or on a Sign and complete re O No	nases of Advertisin		Program Book		
Subpart 3: (Town Comm. Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Receipts he	ere.) \$				
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items — This F	Page				
		ion L1—Subpart 3 <i>(Town Committees Ol</i> ipts from Food Purchases — This P					
		TOTAL of additional Section L1 P	ages				
		IPTS FROM SMALL PURCHA 1 Line 16a, Column A of Summary Page	kazasan'a Gara	2023 AP	Rið ameil		

#### II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed* 

NAME OF COMM	ITTEE (Provide Complete Nan	ne as Registered with Filing Repo	sitory)	TYPE OF REPO	RT		
	I,a P	Purchases of Advertis	sing in a Proc	ram Book or on a Sign			
Name of Purchaser					Purcha	ise Made By:	
					Ов	usiness Entity	Other
					_		Proprietorship
Street Address	***************************************		City	***************************************		State	Zip Code
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Purch	ase	Amount of S	Sign Purchase
Name of Purchaser				•		se Made By:	<b>~</b>
					1 =	usiness Entity	-
Street Address			I c:		<b>O</b> In		Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Purcha	ase	Amount of S	Sign Purchase
Name of Purchaser					l	se Made By:	
					1 -	usiness Entity	
Stude A Advance			Tai		<b>O</b> In	***	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Purcha	ase	Amount of S	Sign Purchase
					Ш.		
Name of Purchaser					1	se Made By:	<b>~</b> 0.1
					_	usiness Entity	Other Proprietorship
Street Address			City		<u> </u>	State	Zip Code
						J	
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Program Ad Purcha	ase	Amount of S	Sign Purchase
Name of Purchaser					Purcha	se Made By:	
					l	isiness Entity	Other
					_	-	Proprietorship
treet Address			City	***************************************		State	Zip Code
							-
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Program Ad Purcha	ise	Amount of S	Sign Purchase
	SUBTOTAL Sec	etion L3 Total Purchases o	of Advertising in	Program Book — This Page			
				tising on a Sign — This Page			
				f additional Section L3 Pages			
1	OTAL OF ALL PURC		NG IN A PROG	RAM BOOK or ON A SIGN		<u> </u>	PR 10 AM11
		(Enter total oi	n Line 16c, Colun	in A of Summary Page Totals)		LULU TI	r to Hutl

NAME OF COMMITTI	EE (Provide Complete Name a	is Registered with Filing Repos	sitory)	TYPE OF RE	PORT		
en e artematika etrok sarijusioses						erter er skill Milkey.	
Name of Donor	<u>L4</u>	. In-Kind Donation	ns Not Consid	lered Contributions			
Name of Donor							
Street Address		WASSAGE STATE OF	City			State	Zip Code
Donation Given By:	Description of Donation	V. 34444-VVVVV44-4-3			Fair	Market Va	lue of Donation
Business Entity		317.3477.4471					
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor					<u>L</u>		
Street Address			City			State	T Zin Code
Silect Address		•	City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Val	lue of Donation
Business Entity	· · · · · · · · · · · · · · · · · · ·						
OIndividual OSole Proprietorship	Date Received	Event #	Event # Aggregate Value for this Event				
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	 Market Val	lue of Donation
OBusiness Entity OIndividual				T. I. C. die Ferni			
O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor		-			<del> </del>		
Street Address			City			State	Zip Code
J. 100.			5.5,			Juli	Lap Code
Donation Given By:  Business Entity	Description of Donation	CONTRACTOR OF THE STATE OF THE			Fair I	Market Val	lue of Donation
Individual Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
		SU	BTOTAL Section	on L4 — This Page			
		TO	TAL of addition:	al Section L4 Pages			
гот	TAL OF ALL IN-KIND	DONATIONS NOT ( (Enter total on Line 21					

### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Re	epository)	t te		TYPE OF RE	PORT		
, and a first analysis ${f L5}$	5. In-Kind Donations Not Consid	lered Cor	tributions Assoc	iated with a F	Iouse Par	ty		
Name of Host				committee?	nt supporting more than one candidate on the control of the complete of the co			
Street Address		Cit	V	17 yes, co	impiete Heiniz	State	Zip Code	
			,			State	Dip code	
Description of Donation					Fair Mai	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggrega	ate Value of all Events—thi	s host/candidate				
Name of Host				Is this event s			ne candidate or	
					mplete Itemiz		dendum L5	
Street Address	19	Cit	у			State	Zip Code	
Description of Donation				- 1 <del>1-16-1</del>	Fair Mai	ket Value	of Donation	
Event#	Aggregate Value of this Event—all hosts	Aggrega	te Value of all Events—this	s host/candidate				
Name of Host				committee?	OYes ON	О	ne candidate or	
Street Address		City		If yes, co.	mplete Itemiz	State	Zip Code	
Steet Address			,			State		
Description of Donation			MALA		Fair Mai	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggrega	te Value of all Events—thi.	s host/candidate				
Name of Host				Is this event s	supporting m	ore than o	ne candidate or	
				1	mplete Itemiz		dendum L5	
Street Address	3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	City	/			State	Zip Code	
Description of Donation	A WALLAND AND AND A COLOR				Fair Mai	ket Value	of Donation	
Event#	Aggregate Value of this Event—all hosts	Aggrega	te Value of all Events—this	host/candidate				
		SUPTO	TAL Section 15	This Pogo		www.	1) <del> </del>	
			TAL Section L5 –					
			f additional Section					
TOTAL ( ASSOCIATED WITH	OF ALL IN-KIND DONATIONS N A HOUSE PARTY (Enter total on		SIDERED CONTE Column A of Summar	the first of the f				
						2023 AP	R10 am11=5	

#### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)			TYPE OF R	EPORT	ARM P		
			M. In-Kin	d Cont	ributions					
Name										
Street Address				C	City			State	Zip Code	
Type of contributor: Committee OIndividual / Sole Proprietorship Oother	Date Recei	ved	Aggregate Contrib	outions	Description of In-Kind Co	ontribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		business he/she is		te for a chief executive off with have a contract with Yes No				Market Value Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No									
Name										
Street Address	,		***************************************	C	ity			State	Zip Code	
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Recei	ved	Aggregate Contrib	putions	Description of In-Kind Co	ontribution		1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?										
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	[								
Name										
Street Address				C	ity		www	State	Zip Code	
Type of contributor: Committee  Ondividual / Sole Proprietorship Other	Date Recei	ved	Aggregate Contrib	outions	Description of In-Kind Co	ontribution		1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/she i		ate for a chief executive of d with have a contract with Yes No				Market Value Contribution	
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 Yes No	If yes,	tor a principal of indicate which broment the contra	anch or b	tractor or prospective state ranches Executive		ON <sub>0</sub>			
			SUBT	OTAL S	ection M — This Page					
			TOTAL	of addit	ional Section M Pages					
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS Œ	Enter total on Line	23, Colum	n A of Summary Page Tota	ds)				
	N.	Refund			lephone Company					
Last Name of Individual			Fi	rst			MI	Date Depos	it Made	
Residential Street Address			City	***************************************	5	tate Z	ip Code		Amount of Deposit	
Name of Telephone Company				**		<u> </u>				
Street Address			City		S	State Z	ip Code			
TOTAL SI	ECTION	N (Enter	total on Line 24,	Column A	of Summary Page Totals		į	<u>l</u> 2023 APR	10 AM11=59	

SEEC FORM 20
Revised January 2015

NAME OF COMMUTTEE

Page	13	of	1	7

Description Reembursement For Mailers (postage & property of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	Derby  rint)  sless "None of the below"  e) Indep	endent		261.5	06418 Amount 50	
•	Derby	Event	#	СТ	Amount	
	l -			1	06418	
	City				Zip Code	
			Date of Payment 3/29/2023	Method of Chec	<sub>k #</sub> 516	
None of the below Coordinated with reimbursement sought (joint expenditu	re) O Indep	pendent	,			
Description Service Charge- March		Event	#	11.95	Amount	
Ave	City Derby			State CT	Zip Code 06418	
			Date of Payment 3/31/2023	Chec	k #	
None of the below Coordinated with reimbursement sought (joint expenditure	e) O Indepe	endent	_			
Description Extra Checkbook	Event#			15.00	Amount	
	Derby	,		State CT	Zip Code 06418	
			2/15/2023	O Check	k # : Card	
None of the below Coordinated with reimbursement sought (joint expenditur	ordinated with reimbursement sought (joint expenditure) ordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C C D					
Description Anedot Donation Fees For Month of March	l	Event	#	39.10	Amount	
reet Suite 1770	New Orleans			LA	Zip Code 70112	
	Lov		3/1-3/31/2023	O Chec	k # t Card <b>©</b> EFT	
P. Expenses	Paid by Committe	ee	Date of Payment	Mathod of	F Dormout.	
	P. Expenses  P. Ex	P. Expenses Paid by Committed  City New Orleans  Description Anedot Donation Fees For Month of March  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Poscription Extra Checkbook  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Porgan  City Derby  Description Service Charge- March  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" Coordinated without reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (joint expenditure)	P. Expenses Paid by Committee  City New Orleans    Description	P. Expenses Paid by Committee    Date of Psyment 3/1-3/31/2023	April 10  P. Expenses Paid by Committee    Date of Payment   State   Chry   Chr	

Street Address		City		Yes No  State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payee (Name of	me of Payce (Name of Vendor, Person or Entity who candidate paid directly)			Is reimbursement claimed?  Yes No	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description	- Commission of American	Event #	Amount	
Name of Payee (Name of	I Vendor, Person or Entity who candidate paid o	lirectly)	Date of Payment	Is reimbursement claimed?  Yes No	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description	•	Event #	Amount	
Name of Payee ( <i>Name of I</i>	······································	lirectly)	Date of Payment	Is reimbursement claimed?  Yes No	
Street Address	5-4 (	City	, and the second	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount	
Name of Payec ( <i>Name of V</i>	l Vendor, Person or Entity who candidate paid a	lirectly)	Date of Payment	Is reimbursement claimed?  Yes No	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Event #	Amount	

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repo	sitory)	TYPE OF REPO	ORT	
	R. Expenses Incu	irred on Committe	e Credit Card		
Name of Issuing Insti	fution	Type of Credit Card		<b>)</b> American Express	Other:
Name of Vendor, Person of	or Entity			Date of T	ransaction
Street Address		City	100000000000000000000000000000000000000	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	xpenditure)	Independent Organization: OA OB OC	СОР	
Name of Vendor, Person of	r Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	-	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	xpenditure)		е Ор	
Name of Vendor, Person of	r Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditured Coordinated without reimbursement sought (in-key)	xpenditure)	Independent Organization: OA OB OC	с Ов	
		SUBTOTAL Section	R — This Page		
		TOTAL of additional S	ection R Pages		
ТО	TAL OF ALL EXPENSES INCURRED ( Enter total on	ON COMMITTEE C 1 Line 27, Column A of Sur	ner and the real materials and the first properties and the color of the first and the color of the first and the color of		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with F	iling Repository)	TYPE OF REPOR	T	
	S. Expenses Incurre	d by Committee but No	t Paid During this Period		
Name of Creditor				Date Incurred	
Street Address	TEACH PROCESSING	City		State Zip Code	
Purpose of Expenditure (by code)	Description	and the second s	Event #		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum) None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	e below" is checked)  Independent Organization: A B C	Ор	
Name of Creditor				Date Incurred	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendu  None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	at (joint expenditure)	e below" is checked)  Independent Organization: A B C	Ор	
Name of Creditor				Date Incurred	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #	Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendu  None of the below  Coordinated with reimbursement sough  Coordinated without reimbursement so	nt (joint expenditure)	· · · · ·	Ор	
		SUBTOTAL	Section S-This Page		
		TOTAL of additi	onal Section S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMI (E	TTEE DURING THIS PERI nter total on Line 28, Column A			
	Previously r	eported Expenses Unpaid an	d still Outstanding		
	TOTAL OF ALL EXPENSES (En	INCURRED BY COMMIT ter total on Line 28a, Column A			

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Reposite	(יניט)		TYI	PE OF RE	PORT			
	T. Itemization of Reim	bursements	and Second	lary Pay	yees				
Last Name of Worker/Con	sultant	First				MI	Date of Person of	Payment to Vor Entity	/endor,
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant					to Reimburse n Section P:	_		sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			O Che	CK #	State	Zip Code	OEFI
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expenditure of Coordinated without reimbursement sought (in-king)	penditure)	O Independ	dent O	O C	) O			
Last Name of Worker/Con	sultant	First				МІ	Date of Person o	Payment to Vor Entity	/endor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant				reported in	to Reimburse n Section P: ck #	_	Worker/Con	
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			<u></u>		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	oenditure)	of the below" is  Indepen	ident O	O C	) O			
Last Name of Worker/Con	sultant	First				MI		Payment to ' or Entity	Vendor,
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	. 1				to Reimburse n Section P: ck #	_		sultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditured with reimbursement sought (joint expenditured without reimbursement sought (in-kin)	oenditure)	Independent	ŕ	O C	) O			
		SUBTOTAL	L Section T —	- This Pa	ge				
		TOTAL of ad	ditional Section	on T Pag	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONST	JLTAN	rs				
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